

AC 4598

Anglesey County Council



ANNUAL REPORT

of the

Principal School Medical Officer
for 1962

T. A. I. REES

*Principal School Medical Officer
and
County Medical Officer*

ANGLESEY COUNTY COUNCIL

—:O:—

To the Chairman and Members of the Education Committee

Ladies and Gentlemen,

I have the honour to present the forty-ninth Annual Report of the School Medical Service in the County.

As mentioned in the last report, Dr. G. Wynne Griffith left the service on the 31st March, 1962, to take up an appointment with the World Health Organisation in Washington, U.S.A. I commenced duty in Anglesey on May 14th, 1962.

Shortly after my taking over, but unrelated to that event, Dr. G. H. Browse Roberts, District Medical Officer of Health and School Medical Officer, suffered a severe illness which caused him to be away from duty from May 16th until 22nd July, when he returned, fully recovered, to duty.

The health of the school population in so far as it can be measured by statistical indices continued to be satisfactory in 1962 and in the body of this report will be found several indications in support of this general conclusion.

Sanitary Defects

Once again the report does not contain detailed reference to unsatisfactory and insanitary school premises. Routine reports on these matters are brought to the attention of the Director of Education from time to time following visits paid to the schools.

School Medical Accommodation

The Holyhead Dental Clinic at Park School was vacated in July and transferred to the new unit at St. David's Priory. Early in 1963 the dental clinic in the David Hughes Comprehensive School was also completed. We now have three modern static dental clinics in the County situated in Llangefni, Menai Bridge and Holyhead respectively.

Personal

I am indebted to the several consultants for the help they have readily given. I wish also to thank my colleagues, the Principal School Medical Officers of the North Wales Counties, for the help they have given me during this, my first year of office in Anglesey. I would also like to thank the Superintendent Nursing Officer and the school nurses for their loyal service, officers of other departments for their co-operation and my professional colleagues and office staff for their excellent work and help in the preparation of this report.

At the time of going to Press, it is with regret that I have to report the sudden death of Mr. Maldwyn Jones, Chief Clerk in the School Medical Section. He had given thirty years' service to the Health Department and will be greatly missed.

Finally, I wish to express my gratitude and thanks to you, the Chairman and Members of the School Children Welfare Committee, for your interest and guidance in the work during 1962.

I am,

Your obedient Servant,

T. A. I. REES,

Principal School Medical Officer.

August 1963

MEMBERS OF ANGLESEY EDUCATION COMMITTEE 1961/62

Chairman : *Alderman A. Ifan Jones, M.B.E., J.P.

Vice-Chairman : *Mr. Hugh Pritchard, M.B.E.

Chairman of School Children Welfare Committee : Mrs. E. G. Williams, J.P.

Vice-Chairman of School Children Welfare Committee:

Alderman Mrs. Walter Jones, J.P.

*Mrs. M. A. Edwards.

*Mr. R. Edwards.

Mr. Clarence Ellis, M.A.

Mr. David Evans, J.P.

Alderman O. G. Foulkes, J.P.

*Mr. Richard Gray.

*Rev. J. D. Griffiths.

*Mr. Owen Griffith.

Mr. J. W. Gruffydd.

Mr. D. O. Hughes.

*Alderman Rev. D. R. Hughes.

Mr. R. Ll. Hughes.

Mr. O. T. L. Huws.

Mrs. A. Arthur-Jones, B.A.

Mr. Hugh Jones, J.P.

Alderman Llew W. Jones,
M.P.S.

Alderman O. R. E. Jones, J.P.

Alderman Percy Ogwen Jones.

*Mr. R. H. Jones, J.P.

*Mr. T. Hywel Jones.

Mr. William Jones, (Llanfechell).

*Mr. William Jones.

Mr. W. Pritchard Jones.

Mr. W. A. Pritchard Jones, M.Sc.

Mr. Llewelyn Lewis.

*Alderman W. Charles Owen.

*Mr. I. T. Richards.

Mr. Robert Richards.

*Mr. E. Robens.

Mr. John Roberts.

*Alderman Robert Roberts, M.B.E.

J.P.

*Mr. T. D. Roberts.

Capt. A. Robertson, J.P.

Mr. David Thomas.

Alderman J. H. Thomas, O.B.E.

*Mr. D. Manley Williams.

Rev. D. J. M. Williams, B.A.

*Mr. G. Alun Williams.

*Mr. Gordon Williams.

Alderman G. Ll. Williams, J.P.

*Member of the School Children Welfare Committee.

Director of Education : D. Jones-Davies, M.A.

STAFF :

Principal School Medical Officer
and County Medical Officer of
Health.

G. Wynne Griffith, M.D., D.P.H.
(Left 31.3.62)

T. A. I. Rees, B.Sc., M.B., B.Ch.,
D.P.H., D.C.H., D.I.H., D.Obst.
R.C.O.G.

(Commenced 14.5.62)

School Medical Officers (also Medical Officers of Health of County Districts).	G. H. Browse Roberts, M.A., M.B., B.Ch., B.A.O., D.P.H., L.M.
	W. Arthur Jones, L.M.S.S.A., D.P.H.
School Medical Officer (also Asst. C.M.O. of H.)	Mrs. Mair Humphreys Jones, M.B. Ch.B., C.P.H. (Part-time).
Principal School Dental Officer,	H. Levison, B.D.S., F.D.S.R.C.S., D.Orth.
School Dental Surgeons.	Elwyn Jones, L.D.S.
	Dr. C. M. Rolant Thomas, M.R.C.S., L.R.C.P., L.D.S. (Left 29.9.62)
	H. W. Evans, B.D.S.
Dental Attendants	Miss S. M. Williams.
	Miss M. A. Underhill.
	Miss G. Roberts.
Speech Therapist	Mrs. I. Morrish, B.A., L.C.S.T. (part-time)
Consulting Paediatrician	*Gwyn R. Griffith, M.D., F.R.C.P., D.P.H., D.C.H.
Chest Physician	*J. Glyn Jones, M.A., M.D., M.R.C.S., L.R.C.P.
<i>Child Guidance Service :</i>	
Consultant Child Psychiatrist	*E. Simmons, M.D., L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S. (Glasgow).
Senior Registrar in Psychiatry	*J. Aled Williams, M.B., Ch.B., D.C.H.
Registrar in Psychiatry	*Dr. J. Pryce, M.B., Ch.B., D.C.H.
Principal Psychologist	*Mr. L. Scobbie, M.A., B.Ed. (left August 1962)

Psychologists	<p>*Mr. J. B. Edwards, M.A., D.I.P. Ed. Psych.</p> <p>*Mr. J. Sants, M.A.</p> <p>*Mr. P. J. Macdonald, B.A.</p>
Psychiatric Social Worker	<p>*Miss G. M. Brown.</p> <p>*Mrs. C. L. Jones.</p>
Social Worker	<p>*Mrs. S. Mundle, B.A.</p> <p>*Mrs. V. Ford-Thomson.</p>
Consulting Ophthalmic Surgeons	<p>*T. G. Wynne Parry, M.R.C.S., L.R.C.P., D.O.M.S.</p> <p>*G. C. Laszlo, M.D. (Budapest), L.R.C.P. (Edin.), D.O. (Oxford)</p> <p>*G. L. Harper, M.R.C.S., L.R.C.P., D.O.</p>
Consulting Orthopaedic Surgeon	*G. I. Roberts, M.B., Ch.B., M.Ch.Orth., F.R.C.S.
Consulting E.N.T. Surgeon	*Eiron Jones, F.R.C.S. (com- menced 1.1.62)
Orthopist	Vacant
Physiotherapist	<u>‡Mrs. E. M. Tamblyn.</u>
*Under contract with Regional Hospital Boards.	
‡Employed by the Caernarvon and Anglesey Hospital Management Committee.	
Superintendent of School Nurses (also Supt. Nursing Officer)	Miss H. V. Parry, S.R.N., S.C.M., Q.N., H.V. (Cert.).
Deputy Superintendent of School Nurses (also Deputy Supt. Nursing Officer).	Miss J. E. Jones, S.R.N., S.C.M., Q.N., H.V. (Cert.).
School Nurses	<p>Mrs. Cotgreave.</p> <p>†Mrs. Gwladys Rowlands.</p> <p>†Miss E. C. Pritchard.</p> <p>†Miss A. Williams.</p>

School Nurses *continued*:

- †Miss M. C. Williams.
- †Miss E. Hughes.
- †Mrs. M. M. Williams (ceased 1.9.62)
- †Miss M. E. Gravelle.
- †Miss G. Foulkes.
- †Miss E. M. Davies (left 30.9.62)
- †Mrs. M. E. Ll. Williams.
- †Miss M. E. Clarke (commenced 3.9.62)

†Also Health Visitors.

Chief Administrative Assistant

Horace Betts, D.P.A.

Clerical Staff

Maldwyn Jones

Miss O. Ll. Edwards

Miss I. G. Hughes.

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

MEDICAL INSPECTION

The school population on the 18th January, 1963, was :

Primary Schools	4,966
Secondary Schools	3,872
Special School	38
	—
	8,876
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The average attendance in the primary schools during the school year ended July 1962 was 89.9 per cent., as compared with 91.7 per cent. in 1961. In the secondary schools the average attendance was 88.3 per cent. (1962), and 90.5 per cent. (1961).

In the Day Special School for educationally sub-normal pupils the average attendance was 89.5 per cent. (1962) as compared with 91.9 in 1961.

The work of medical inspection is detailed in tables at the end of this report. The statistics reflect a satisfactory state of health among the school population.

During 1962 there was only one death of a child in the age group 5-15 years; the cause of death was cancer. This compares well with the very high figure of 9 in 1961.

Details of notifiable diseases for the year are appended, showing the total occurring at all ages and the number among children of school age. The table includes cases diagnosed in Caernarvonshire hospitals and therefore notifiable to the Medical Officer of Health of the district in which the hospital is situated.

Disease	Urban	Rural	Total	No. of School age Children
Diphtheria	—	—	—	—
Scarlet Fever	3	16	19	14
Ac. Poliomyelitis	—	—	—	—
Ac. Pneumonia	1	1	2	—
Dysentery	8	2	10	2
Food Poisoning	—	1	1	—
Measles	134	260	394	241
Whooping Cough	—	—	—	—
Paratyphoid and Typhoid	—	1	1	—
Meningococcal Infections	—	—	—	—
Erysipelas	—	1	1	—
Puerperal Pyrexia	1	4	5	—
Ac. Inf. Encephalitis.....	—	—	—	—
TOTAL	147	286	433	257

Apart from an outbreak of measles continuing from the previous year, the incidence of infectious diseases was very low throughout the year.

As will be seen from Part II Tables A & B on pages 26 and 27 the commonest defects discovered at routine medical inspection are defects of vision, including squint and defects of the nose and throat. The relatively high number of children requiring treatment for lung complaints includes 89 found to show a positive reaction to the multiple puncture test when undertaking the B.C.G. vaccination of school children. These were referred for X-ray examination (see pages 10 and 11). Minor orthopaedic departures from the normal foot and postural defects are frequently noted, but the severe crippling defect is happily not often seen. Otitis media continues to be numerically a minor problem, and a few cases only of the infectious skin diseases, scabies, impetigo and ringworm were discovered.

GENERAL CONDITION AND NUTRITION

The data relating to general condition and nutrition (to be found in Part I Table A on page 24) have been expressed as percentages in the following table.

ROUTINE MEDICAL INSPECTION—CLASSIFICATION OF GENERAL CONDITION (PERCENTAGES)

	Satisfactory		Unsatisfactory	
Entrants	99.7	(99.8)	0.3	(0.2)
Primary School Leavers	100	(99.6)	—	(0.4)
Secondary School Leavers	100	(99.9)	—	(0.1)
Additional Group	100	(100.0)	—	—
ALL GROUPS	99.8	(99.8)	0.2	(0.2)

The figures in brackets are the findings in 1961.

The percentage of children found to have “unsatisfactory” general condition has remained more or less constant in recent years.

The interpretation of these figures is not straightforward, especially as the classification is a purely subjective one, and medical officers vary in the standard they adopt. It would be fair to say, however, that frank malnutrition is rarely encountered.

The *Milk in Schools* scheme continued to operate satisfactorily. Every school is supplied with pasteurised milk in one-third pint bottles. The Milk Marketing Board continued to provide this valuable service.

Over 90 per cent. of the primary school children take milk, but only about 60 per cent. of those in the secondary schools do so.

The average number of meals served by the *School Meals Service* each school day was 6,654 which represents 79 per cent. of the school population.

TUBERCULOSIS

Notifications of Tuberculosis :

During the year one case of tuberculosis was notified among children of school age as follows :

Non-respiratory forms	1 (—)
Adult type respiratory tuberculosis	— (4)
Primary chest infections	— (—)
	— —
Total.....	1 (4)
	— —

The number in brackets are the corresponding figures for 1961.

Preventive Measures :

Hitherto we have used in the main two weapons against childhood tuberculosis—mass radiography and B.C.G. vaccination. Mass radiography helps to protect school children by detecting early cases of the disease among the adults who work in schools as teachers, cleaners and canteen staffs. But we have also used mass radiography in recent years as a routine method of detecting early tuberculosis among adolescent school children. From 1955 to 1958 each secondary school was visited annually and children over the age of 14 years were examined by this means. During the four years 5,331 such examinations were made and these resulted in the discovery of 5 new cases of the disease among adolescents. There is a third way in which we have been using mass radiography as an adjunct in our preventive programme. As a preliminary to B.C.G. vaccination children aged between 13 and 16 years are given a tuberculin skin test. Those that react to this test may do so because they are at the time suffering from the disease or alternatively the positive reaction may be nothing more than the last remaining evidence of an infection with the germ of tuberculosis acquired at some time in the past and long since overcome. A chest X-ray will detect current disease so that it can be treated. We found it a great convenience and a means of rapidly allaying the natural anxiety of the parents of the child with a positive reaction, if our tuberculin testing and vaccination programme were arranged to coincide with the annual visits of the Mass Mobile Radiography Unit.

During 1959 there was a change of policy as the result of the Interim Report of Lord Adrian's Committee which advised that mass radiography should not be used when an X-ray examination of a child's chest was needed. Routine mass radiography of adolescent school children was therefore discontinued and arrangements have had to be made with the chest clinic for a full size film to be taken of children found to be positive reactors. Thanks to the ready co-operation of the Chest Physician and his staff these arrangements have worked satisfactorily.

Routine mass radiography will continue to be used for the purpose of examining adults on the staffs of schools.

B.C.G. Vaccination

In the county secondary schools there were 693 children aged between 13 and 14 years on roll.

Vaccination was also offered to 605 other children who had been absent or who had otherwise missed the opportunity for this on previous visits.

In the case of 47 children the tuberculin state was already known as the result of our contact tracing procedure.

Notified in the past as suffering from tuberculosis ...	—
Known to have had a healed primary lesion	—
Known to be tuberculin positive	—
Had already had B.C.G. as contacts	40
Under observation by Chest Physician	7

Forms of consent were sent to the parents of the remaining 1,251 children and were duly returned for 708 children, but some of these were absent when the testing was done or when the tests came to be read. Results were thus available for 633, of whom 97 (or 15.3 per cent.) were found to be positive reactors, 8 of whom, on enquiry, had had B.C.G. vaccination elsewhere. The remainder—536—were vaccinated.

In addition 82 cadets of H.M.S. Conway were tested, of whom 16 were positive reactors. The remaining 66 were vaccinated.

105 positive reactors (89 school children and 16 cadets) were examined by chest X-ray and where necessary by the chest physician. There were, happily, no cases of tuberculosis in this group, but 9 were found to have other abnormalities of the chest and 2 were kept under observation.

Tuberculin Testing of School Entrants

In the autumn term of 1957 a start was made with the routine testing of school entrants. The test used was the Multiple Puncture Test which was applied by the nursing staff. This procedure serves several purposes :

- (a) It enables us to discover those children who are likely to be suffering from tuberculosis ;
- (b) it enables us to gauge the “pressure of infection” from the tuberculin level at a given age ;
- (c) if repeated annually it enables us to note when a child “converts” from being tuberculin negative to being tuberculin positive and thus to watch the child during this critical period ;
- (d) the finding of a positive reaction in a young child should help in tracing undiscovered sources of infection in the community. The “conversion” of a child should be even more helpful.

There were 836 new entrants to school during the year and for 749 of these parental consent was given to the test being done. Of this number 74 (or 9.9 per cent.) were found to be positive reactors. This group of 74 consisted of 60 who had had B.C.G. vaccination as contacts to known cases.

The remainder of this group (14 out of 74) were X-rayed with the result that 3 were admitted to hospital as suffering from tuberculosis while the remaining 9 were kept under observation by the Chest Physician.

THE WORK OF THE SCHOOL NURSE

The work done by school nurses in the prevention of infestation with vermin deserves high praise. The nurses made 39,399 inspections, which is equivalent to every child being examined on the average every four months during the year. The number found to be verminous was 91, or just over 1 per cent. of the school population. The figures for the past few years are as follows: 1958, 90 cases; 1959, 90 cases; 1960, 79 cases; 1961, 55 cases.

The tables printed below give some indication of the volume of work done by the school nurse/health visitors.

	No. of schls. in district	Total average att'dance	No. of exam- inations	No. of visits to homes	No. of visits to schools
Amlwch	5	1,089	3,534	113	116
Beaumaris	4	287	2,292	68	57
Bodedern	6	477	3,774	125	114
Bodorgan	5	362	2,570	68	86
Holyhead	9	2,296	11,751	1,091	273
Llanfechell	8	340	3,235	90	148
Llangefni	6	1,306	2,671	71	99
Marianglas	6	307	2,455	139	129
Menai Bridge	4	1,057	3,852	42	140
Newborough	6	341	3,265	143	93
TOTAL	59	7,862	39,399	1,950	1,255

The school nurses still attend to minor ailments when required and the majority of the cases noted in Table G of the Treatment Tables (Part III, page 28) were in fact seen by the nurses. These include the abrasions, bruises, cuts, stings and similar happenings of school life which call for sympathetic attention. We are fortunate in that impetigo, ringworm and scabies are still being encountered but rarely.

MOBILE MINOR AILMENTS CLINIC

As was suggested in previous reports, this vehicle is rather inappropriately named. It has been used mainly as an "examination room on wheels."

Some details concerning the work of the clinic during the year are given below :

Number of visits to schools	210
Mileage covered	2,850
Number of minor ailments treated	39
Number of routine cleanliness, etc., inspections made	12,035
Number of children seen for other reasons	304

Total number of children seen	12,378
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In July 1962 this vehicle was taken off the road as it required a major overhaul. When it became apparent that its repair would be very expensive and uneconomical the Committee decided that the vehicle be sold. It was also decided that the minor ailments service be provided in future by a new mobile clinic. This new clinic will be purchased by the Health Committee and its primary use will be to augment or replace the present rural infant welfare clinic premises.

ORTHOPAEDIC CARE AND AFTER-CARE

The following tables set out the work done by the physio-therapist :—

Centre	No. of Clinics held	No. of Cases	No. of Attend- ances	U.V.R.	
				No. of Cases	No. of Att'dances
Holyhead	164	216	623	10	77
Llangefni	93	122	356	1	4
Amlwch	93	110	359	3	15
Beaumaris	44	37	93	1	9
Menai Bridge	43	69	158	1	9
	437	554	1,589	16	114

	Orthopaedic and other	U.V.R.
Total number of cases on the books 31.12.62	362	4
Total number of cases discharged 1962	192	12
Number of new cases 1962	245	11

Breathing exercises, etc., have also been given in the five clinics to 26 cases referred by hospitals.

During the year 288 attendances were made by 135 individual children at the 11 Orthopaedic Clinic sessions held at Holyhead and Lllangfni, an average attendance of 26 per session.

DEFECTIVE EYSIGHT AND SQUINT

The ophthalmic service for school children is provided through the hospital authorities. The number of refraction sessions held during the year was 66 as compared with 63 in 1961. The number of children seen was 954 (958 in 1961). The waiting period for appointments at the end of the year was about eight weeks.

The number of cases of school children operated upon—at the Caernarvon Eye and Cottage Hospital—was 17 compared with 10 in 1961.

Prescriptions for glasses were issued at the clinics to 711 children.

Orthoptic Treatment :

Orthoptic clinics are normally held at Bangor and Holyhead. The orthoptist is employed by the Caernarvon and Anglesey Hospital Management Committee, but unfortunately during the past two years they were unable to engage an orthoptist. It is regrettable that the children of Anglesey have to forego this treatment owing to inability to engage staff.

The school nurses continued to test the eyesight of 7 year-old children and to refer doubtful cases for the opinion of the school doctor. This form of screening can be valuable in detecting defective vision at an early stage. During the year 527 children were tested by the nurses and 71 referred for further examination. In addition the school nurses test the corrected vision of children wearing glasses and if in doubt about the suitability of the spectacles refer the case for further examination. During 1962 they examined 304 such children and referred 61 to see the school doctor.

DISEASES OF THE EAR, NOSE AND THROAT

All consultations and operations for conditions of the ear, nose and throat are held at the Caernarvon and Anglesey Hospital, Bangor.

These are among the commonest causes of ill-health among children, and during 1962 100 cases were referred for a specialist opinion and 93 cases were operated upon, mostly for the removal of tonsils and/or adenoids.

Number of children waiting treatment at the end of the year was :

			(a) Consultation	(b) Operation
At 31/12/62	...	...	25	12
At 31/12/61	...	...	45	9

HANDICAPPED PUPILS

Much work was done during 1962 in the ascertainment of handicapped pupils and at the year's end the number of such pupils on the register was 326.

Category	Number ascertained during the year 1962	No. on the register of H.Ps at 31/12/62
Blind	—	2
Partially sighted	1	2
Deaf	—	4
Partially Hearing	9	42
Delicate.....	—	4
Educationally sub-normal	28	223
Epileptic	—	—
Maladjusted	—	2
Physically handicapped	3	8
Multiple Defects	3	15
Speech Defects	16	24
	<u>60</u>	<u>326</u>

Number of cases dealt with during the year under the Education Act 1944 :

Section 57 (4) as amended...	4
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A considerable proportion of the time of the medical staff is devoted to the individual assessment of children reported by the schools because of suspected backwardness. During 1962 47 such reports (on Form 3 H.P.) were received, whilst 14 others received towards the end of the previous year were also brought forward ; 41 were referred for detailed examination. The remainder — 20—were not so referred for a variety of reasons (to be kept under observation, because of their age, left the county, etc.). The number examined during the year was 35 of whom 29 were recommended some form of special educational treatment. Three were reported upon as being unsuitable for education at school, one required to be kept under observation and no action was considered necessary in the remaining two cases.

All children suspected of being educationally backward are audiometrically tested in order to eliminate deafness as a cause of the backwardness. Those who pass the audiometer test are then referred for individual assessment. Thirty-two children were examined during the year and of these 2 failed the test and were ascertained as partially hearing. One only was referred for the opinion of the Ear, Nose and Throat Specialist.

The number of children ascertained as being handicapped by reason of speech defect is 24. No doubt there are several more such children who would be brought to notice were facilities for treatment easily available.

The following table shows the number of pupils admitted to special schools during the year and the number in attendance at such schools on the 31st December :

Category	No. admitted 1962	No. in att'ce at Dec. 31	No. waiting adm. Dec. 31
Blind	—	2	—
Partially Sighted	—	—	—
Deaf	—	4	—
Partially Hearing	—	—	—
Delicate.....	—	1	—
Educationally Sub-normal ...	4	45	107
Epileptic	—	—	—
Maladjusted	1	2	—
Physically Handicapped	1	2	2
Multiple Defects	2	7	4
Speech	—	—	—
TOTALS	8	63	113

Defective Hearing :

There were 4 deaf pupils on the register at the end of the year and 42 partially hearing.

Owing to staff illness, Dr. W. Arthur Jones was prevented from visiting all the schools during the year to conduct the "sweep" testing of the 8 year-old group. Dr. Jones examined 224 children, 4 of whom failed the test and were referred to the clinic for further testing. All had normal hearing on re-testing. 37 other children were examined by "pure tone" audiometry. Several were recommended treatment for various conditions of the ear, nose and throat and 3 needed special consideration in the way of a more favourable position

in class but did not require a hearing aid. Four children were examined by Professor Sir Alexander Ewing at Bangor, but in no case was a hearing aid recommended.

Dr. Jones comments: "The audiometer sweep tests in the schools is by far the most valuable method of discovering cases of hearing loss and of enabling them to be investigated. Even in the cases where little can be done to improve the loss of hearing a far more favourable environment is created by making adults in charge of the child aware of the disability."

Rhoscolyn Day Special School:

This junior day special school continued to function satisfactorily during 1962. There were 38 children on the roll at 31st December, 1962. There can be no doubt in the minds of anyone who has watched these children that the school is doing excellent work. The children are obviously happy there, they are more alert and take greater pride in their person and clothing than was the case when they attended ordinary schools. The staff are succeeding, too, in the more limited academic sense and several children have "caught up" to a surprising degree with basic arithmetic and language.

Speech Therapy:

The Speech Therapist held 189 sessions during the year and 922 treatments were given. At the end of the year 71 children were receiving treatment and 25 were discharged. A number of other cases were interviewed but did not require treatment. At the 31st December the waiting list for appointments was 42. There is little doubt, however, that there are other cases who would benefit by this service.

Child Guidance:

Towards the end of 1961 the Child Guidance Service established in Old Colwyn a residential clinic for the treatment of emotionally disturbed children. It is anticipated that the number of boys and girls up to the age of about 12 years who will be accommodated in this clinic will increase up to a maximum of 24.

During the year 2 boys were admitted to this school, one was later transferred to the hospital for the mentally subnormal at Oakwood Park, Conway.

Children showing evidence of being emotionally disturbed are referred to the Child Guidance Clinic which is held at Bangor under the direction of a consulting child psychiatrist.

In addition a clinic held in Holyhead is attended by an educational psychologist and psychiatric social worker.

Details of the work done by this service are given below :

NORTH WALES CHILD GUIDANCE CLINICS

Anglesey Children dealt with during 1962

1. At Clinics—number of attendances :

Clinic	No. of individual Children dealt with	Psychiatrist				Psychologist				P.S.W.	
		First	Further	First	Further	First	Further	First	Further	First	Further
		C	P	C	P	C	P	C	P	P	P
Bangor	10	3	2	25	—	3	—	1	—	2	15
Holyhead	26	12	9	75	—	9	—	3	—	14	77
Colwyn	1	1	2	—	—	1	—	—	—	—	—
Totals	37	16	13	100	—	13	—	4	—	16	92

“C”—Child.

“P”—Parents or Guardians.

2. Elsewhere—Number of Visits :

Psychiatric Social Worker			Psychologist		
Home Visits	Visits to other Social Workers		School Visits	Visits to other Social Workers	
36	2		9	—	

3. Number of referrals received during 1962

Name of Referring Agency	No. of Referrals
School Medical Officer	14
General Practitioners	4
Consulting Paediatricians	3
Other Medical Specialists	—
Courts and Probation Officers	—
Other Social Workers.....	1
Parents	1
Headteachers	2
Children's Officers	—
	25
	—
Waiting list at 31/12/61	6

DENTAL SERVICE

Mr. Levison returned to duty in October after his twelve months' leave of absence to undertake a course in Orthodontics. It is with pleasure that I report that he was successful in gaining his Diploma.

Mr. Levison reports as follows :

"After four years as principal school dental officer this is my last report before leaving Anglesey. It is presented as a review of the progress achieved since 1959 and the problems which still remain. I wish to acknowledge the ready assistance and co-operation given by the staff of the health department and schools throughout this period, and the support of the Education Welfare Committee in providing such excellently equipped clinics.

Treatment Facilities :

Before 1959 the only static dental clinic in the county was in Holyhead. The two mobile dental units could only deal with schools in the eastern and central areas whilst rural schools in the Holyhead area were treated with portable kit set up in the schools. Apart from the Holyhead area, general anaesthesia and orthodontics could not be provided as they necessitate a static clinic staffed, at least on a sessional basis, throughout the year.

Since 1959 the situation has been transformed by the provision of excellently equipped static clinics at Llangefni and Menai Bridge together with modernisation of the equipment at Holyhead and its transfer to better premises at St. David's Priory. Orthodontic and general anaesthetic sessions can now be held at these clinics. The only unsatisfactory aspects which remain are the lack of a static clinic at Amlwch and the use of portable equipment for treating rural schools in the Holyhead area.

Although routine treatment for Amlwch schools is satisfactorily performed during visits by a mobile dental unit, we cannot provide local facilities for orthodontics or general anaesthesia without a static clinic. Patients requiring these forms of treatment must at present travel to Llangefni clinic or attend a local practitioner. Amlwch is now the only area which has a comprehensive school but no static clinic. With such a large school population there is an obvious need for a static clinic which would provide not only for school children but for the maternity and child welfare service as well.

With three full-time dental officers and only two mobile dental units it has not been possible in the past for rural schools in the Holyhead area to be visited by a mobile dental unit. They have instead been treated with portable equipment set up in a school classroom.

Such an arrangement can only be condemned as it is extremely difficult to provide an adequate standard of treatment under such conditions. But now that the annual fluoridation surveys have ceased we are no longer without the use of one mobile dental unit for half a school year. Furthermore the opening of Menai Bridge clinic in 1963 means that it will no longer be necessary to use a mobile unit for treating Menai Bridge schools. It will therefore be available for rural schools in the Holyhead area and thereby afford them the benefit of treatment under proper conditions with modern equipment.

Orthodontics

Orthodontic treatment often takes longer than a year to complete and requires frequent attendances throughout. This cannot be undertaken in a mobile dental unit as it is never in one area for sufficient time. A static clinic is necessary for the provision of orthodontic treatment. For this reason hardly any orthodontic treatment was given before 1959.

When Llangefni clinic opened, however, it became possible to inaugurate an orthodontic service centred on Llangefni. There has since been an increasing demand for this treatment and sessions are now held weekly at Holyhead and Llangefni clinics. It will also be possible to hold sessions at Menai Bridge clinic when it opens in 1963. We are indebted to Mr. J. Webb, dental technician, for construction of all the orthodontic appliances used.

Some forms of orthodontic treatment require regular supervision or complete management by an orthodontic specialist. This could most conveniently be carried out on a sessional basis in our clinics as they are appropriately equipped. With an ever increasing number of patients being referred to us there is now an urgent need for the services of a part-time orthodontist in the county.

General Anaesthesia

As with orthodontic treatment general anaesthesia cannot satisfactorily be undertaken in a mobile dental unit. With the opening of Llangefni clinic at the end of 1959 it became possible to start a general anaesthetic service there. Sessions have been held regularly ever since and we are indebted to our anaesthetists, Dr. H. Edwards, F.F.A., and Dr. D. Rowlands, F.F.A., for providing such an excellent service.

Dental Health Education

Dental caries is to a large extent preventable yet it remains the commonest disease of civilisation. Prevention of caries can best be achieved by a combination of fluoridation and dental health education ; the latter being necessary to overcome public indifference to the causes and effects of caries.

No specific dental health education drive has been held in Anglesey so far as it was wished to give precedence to the fluoridation study. But now that the preliminary results of fluoridation have been published, the time is now ripe to consider what steps can be taken to augment by educational methods the dramatic caries reduction produced by fluoridation.

The first essential of dental health education is to instruct school children and parents in the causes and prevention of dental disease. This could best be achieved by employing personnel specially trained in dental health education. Dental hygienists receive such a training and their services are now available in North Wales. By touring schools they could teach children the principles of dental health and demonstrate oral hygiene procedures, whilst similar visits could also be arranged for the benefit of parents attending ante-natal and child welfare clinics. Such visits would also help school teachers and nursing staff themselves to repeat the importance of implementing these principles at school and in the home. It is to be hoped that advantage may soon be taken of this opportunity to provide dental health education on a sessional basis in schools and clinics.

The second essential of dental health education is to ensure that children are able to practise what is taught at school. It is in this respect that the position in Anglesey is highly unsatisfactory. A cardinal principle of dental health is that fermentable carbohydrate food debris should not remain on the teeth after meals as this is the cause of caries. Yet the provision of a sticky carbohydrate sweet as the final course of most school meals is the very antithesis of this principle. This anomalous situation should not be allowed to continue any longer: on the one hand providing a school dental service to control caries; and with the other, providing school meals in a form which directly contributes to the disease. School meals must either end with a course which leaves the teeth free of cariogenic food debris or some means of cleaning it off the teeth must be available. Various methods, such as apples, carrots, mouth rinsing and salivary stimulant tablets may be used and thereby set an example to the children of how to practise what they are taught. This is an issue which cannot be evaded forever.

Establishment

In 1952 the Ministry of Education recommended an establishment of at least one dental officer for every 3,000 school children. In Anglesey there are about 9,000 school children, so an establishment of three dental officers was created. Although we have been fortunate enough to obtain three dental officers, this is no cause for complacency as the Ministry recommendation was only for the *minimum* number of

dental officers required, not the maximum. An establishment of three dental officers is not an end in itself and is, in fact, quite inadequate to provide a satisfactory dental service. The criteria of such a service are that every child should be inspected annually and all those consenting to treatment receive it. Whilst there would be no difficulty completing the inspections, it is impossible with only three dental officers to carry out all the treatment.

Even allowing for the fact that the Ministry recommendation was only a minimum one it has been shown in practice to be utterly unrealistic. Analysis of the report of the Chief Medical Officer of the Ministry of Education for 1960 and 1961 has shown that one dental officer cannot possibly cope with all the treatment required for 3,000 children. (Editorial (1962) B.D.J. 113,401). An establishment of at least one dental officer to every 1,000 children is necessary to approach compatibility with the amount of dental disease today.

It has been repeatedly emphasized in annual and quarterly reports since 1959 that our present establishment of only three dental officers is insufficient. But no action has yet been taken to increase our staff, and until such time as it is, Anglesey cannot have a satisfactory school dental service.

Fluoridation

The Ministry of Health report on the British fluoridation study was published in 1962 and showed a caries reduction in deciduous teeth of at least 50 per cent. This agrees with the experience in other parts of Britain where the water contains sufficient natural fluoride and with that of artificially fluoridated areas in North America. There should now be no doubt whatsoever that fluoridation of public water supplies to a level of one part per million is the most effective way of reducing dental caries. Anglesey is indebted to the former county medical officer, Dr. G. Wynne Griffith, for his enthusiasm and foresight in the promotion of fluoridation.

However, it should not be concluded that fluoridation is the sole answer to the dental caries problem. Although it reduces caries by half we still have to deal with the remaining half.

This could be reduced by means of a vigorously applied dental health education programme thus leaving a residue of dental disease which, given an adequate number of dental officers, could be completely controlled. But even with fluoridation of the whole county an effective dental health programme and sufficient dental officers the caries problem will not disappear overnight. Fluoridation is a long term policy; it takes five years after its introduction before the full

effect is seen in the infant classes and another ten to thirteen years must elapse after that before the entire school population enjoys its maximum benefit.

Meanwhile there is more dental disease than our present establishment of three dental officers can control. The most urgent needs for the present are to fluoridate the rest of the county water supply as soon as possible, to initiate dental health education in schools and clinics, and to increase our establishment of dental officers to a more realistic level."

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1962

PART I.

Medical Inspection of pupils attending Maintained Primary and Secondary Schools (including Special Schools).

Table A—Periodic Medical Inspections

Age Groups Inspected (by year of birth)	No. of pupils inspected	Physical condition of pupils inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	Per cent. of Col. 2	No.	Per cent. of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1958 and later	122	121	99.2	1	0.8
1957	556	554	99.6	2	0.4
1956	193	193	100	—	—
1955	31	31	100	—	—
1954	21	21	100	—	—
1953	23	23	100	—	—
1952	23	23	100	—	—
1951	17	17	100	—	—
1950	7	7	100	—	—
1949	—	—	—	—	—
1948	724	724	100	—	—
1947 and earlier	218	218	100	—	—
TOTAL ...	1,935	1,932	99.8	3	0.2

Table B.—Pupils found to require Treatment.

Number of individual pupils found at Periodic Medical Inspection to require treatment (excluding dental diseases and infestation with vermin) :—

Age Groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1958 and later	—	14	14
1957	4	109	112
1956	—	28	28
1955	3	9	11
1954	3	5	6
1953	—	3	3
1952	2	4	6
1951	—	3	3
1950	—	3	3
1949	—	—	—
1948	74	95	165
1947 and earlier	22	30	51
TOTAL	108	303	402

Table C.—Other Inspections

Number of Special Inspections	...	...	...	...	...	...	1,159
Number of Re-Inspections	...	...	...	...	...	...	578
Total	...	...	...	...	...	...	1,737

Table D.—Infestation with Vermin

i. Total number of examinations in the schools by school nurses or other authorised persons	...	...	...	...	...	...	41,334
ii. Total number of individual pupils found to be infested	...	...	...	...	...	...	91
iii. Number of individual pupils in respect of whom cleansing notices were issued (Sect. 54(2) Education Act, 1944)	...	...	...	...	...	...	3
iv. Number of individual pupils in respect of whom cleansing orders were issued (Sect. 54(3) Education Act, 1944)	...	...	...	...	...	...	—

PART II.

Return of Defects found by Medical Inspections

Table A.—Periodic Inspections

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		T	O	T	O	T	O	T	O
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	13	5	28	—	4	—	45	5
5	Eyes :								
	a. Vision	7	—	94	12	4	2	105	14
	b. Squint	36	6	11	1	2	—	49	7
	c. Other	4	4	8	—	2	—	14	4
6	Ears :								
	a. Hearing	3	2	2	2	—	1	5	5
	b. Otitis Media	—	1	2	2	1	—	3	3
	c. Other	2	1	—	—	2	—	4	1
7	Nose and Throat.	52	76	13	6	3	—	68	82
8	Speech	3	3	2	—	3	—	8	3
9	Lymph. Glands. .	9	12	—	1	—	—	9	13
10	Heart	—	9	3	5	—	1	3	15
11	Lungs	5	4	8	2	1	—	14	6
12	Developmental :								
	a. Hernia	—	—	—	—	—	—	—	—
	b. Other	5	12	15	1	1	1	21	14
13	Orthopaedic :								
	a. Posture	—	1	5	3	—	—	5	4
	b. Feet	25	5	13	2	4	—	42	7
	c. Other	7	2	8	2	—	—	15	4
14	Nervous system:								
	a. Epilepsy	5	—	4	—	—	—	9	—
	b. Other	1	—	1	1	1	—	3	1
15	Psychological :								
	a. Development	—	1	—	—	—	—	—	1
	b. Stability	6	3	1	—	1	—	8	3
16	Abdomen	—	—	2	—	—	—	2	—
17	Other	20	—	2	1	—	—	22	1

T.—Number requiring treatment.

O.—Number to be kept under observation.

PART II (*Continued*)

Table B.—Special Inspection.

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	8	—
5	Eyes : a. Vision	73	14
	b. Squint	3	—
	c. Other	6	1
6	Ears : a. Hearing.....	12	—
	b. Otitis Media	1	—
	c. Other	4	—
7	Nose and Throat	13	3
8	Speech.....	1	—
9	Lymphatic Glands.....	1	—
10	Heart	—	2
11	Lungs	102	1
12	Developmental :		
	a. Hernia	—	—
	b. Other	—	3
13	Orthopaedic :		
	a. Posture	1	—
	b. Feet	10	2
	c. Other	3	1
14	Nervous system :		
	a. Epilepsy	1	—
	b. Other	2	—
15	Psychological :		
	a. Development	33	—
	b. Stability	16	1
16	Abdomen	1	—
17	Other	4	—

PART III.

TREATMENT TABLES

*No. of cases
known to have
been dealt with***Table A—Eye Diseases, Defective Vision and Squint :**

External and other, excluding errors of refraction and squint	109
Errors of refraction (including squint)	781
Total	890
No. of pupils for whom spectacles were prescribed	711

Table B.—Treatment of Defects of Ear, Nose and Throat :

Received operative treatment :	
(a) for diseases of the ear	7
(b) for adenoids and chronic tonsillitis	87
(c) for other nose and throat conditions	4
Received other forms of treatment.....	27
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1962	2
(b) in previous years	1

Table C.—Orthopaedic and Postural Defects :

(a) Pupils treated at clinics or out-patient departments.....	357
(b) Pupils treated at school for postural defects	—

Table D.—Diseases of the Skin (excluding uncleanliness), see Table D, Part I.

Ringworm—Scalp	—
Ringworm—Body	4
Scabies	—
Impetigo	1
Other Skin Diseases	—

Tables E. and F.—Child Guidance Treatment and Speech Therapy:

(a) Under Child Guidance arrangements	37
(b) Under Speech Therapy arrangements	71

Table G.—Other Treatment given :

(a) Miscellaneous Minor Ailments	122
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G.	536
(d) Other :	
(i) Pupils given Halibut Liver Oil	52
(ii) Pupils given Breathing Exercises	26
(iii) Pupils given Ultra Violet Light	13

PART IV.

Dental Inspection and Treatment

1. No. of pupils inspected by the Authority's Dental Officers :	
(a) Periodic age groups	5,531
(b) Specials	217
(c) Total (periodic and specials)	5,748
2. Number found to require treatment	4,558
3. Number offered treatment	4,545
4. Number actually treated	2,507
5. Attendances made by pupils for treatment	4,197
6. Half-days devoted to	
(a) Inspection	112
(b) Treatment	1,060
(c) Total	1,172
7. <i>Fillings</i> :	
(a) Permanent Teeth	2,959
(b) Temporary Teeth	1,550
(c) Total	4,509
8. <i>No. of teeth filled</i> :	
(a) Permanent Teeth	2,493
(b) Temporary Teeth	1,337
(c) Total	3,830
9. <i>Extractions</i> :	
(a) Permanent Teeth	507
(b) Temporary Teeth	2,534
(c) Total	3,041
10. Administration of general anaesthetics for extraction	249
11. Orthodontics :	
(a) Cases commenced during the year	25
(b) Cases carried forward from previous year.....	16
(c) Cases completed during the year	14
(d) Cases discontinued during year	11
(e) Pupils treated with appliances	23
(f) Removable appliances fitted	19
(g) Fixed appliances fitted	1
(h) Total attendances	180
(i) Half days devoted to Orthodontic treatment	None specially
12. Number of pupils supplied with dentures	2
13. Other operations :	
(a) Permanent teeth	363
(b) Temporary teeth	33
(c) Total	396

APPENDIX

SCHOOL CLINICS

The present arrangements regarding school clinics are as follows :

A. Local Education Authority Clinics :

<i>Type.</i>	<i>Location.</i>	<i>Sessions</i>
1. Dental	(a) St. David's Priory, Holyhead (b) Clinic, Llangefni (c) Two Mobile Clinics are used in the Eastern and Central Sectors of the Island.	Daily when S.D.O. is operating in this area.
2. Minor Ailments	St. Cybi Infants' P.S., M.I. Room.	Tuesday afternoons.

B. Clinics conducted by the Local Education Authority on behalf of or by the Regional Hospital Board on Local Authority Premises.

1. Ophthalmic	(a) County Secondary School Amlwch. (b) County Secondary School, Menai Bridge. (c) St. David's Priory, Holyhead (d) Clinic, Isgrraig, Llangefni	{ An average of 1 clinic per week is held in the County, alternating between the various centres according to the numbers awaiting treatment in the four catchment areas.
2. Orthoptic	St. David's Priory, Holyhead	{ Tuesday afternoons— fortnightly.
3. Orthopaedic	(a) St. David's Priory, Holyhead (b) Clinic, Llangefni	{ Once monthly, alternately.
4. Physiotherapy	(a) County Secondary School, Amlwch. (b) Clinic, Beaumaris (c) St. David's Priory, Holyhead (d) Clinic, Isgrraig, Llangefni. (e) County Secondary School, Menai Bridge.	Tuesday (mornings) Thursday (afternoons). Weds. (afternoons). { Monday (all day) Wednesday (mornings) Friday (mornings) { Tuesday (afternoons) Thursday (mornings) Friday (afternoons)
5. Child Guidance	St. David's Priory, Holyhead.	Every Thursday.

